

Effective October 1, 1997

Application or Docket Number

09/657457

(Column 1)

(Column 2)

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

(Column 2)

(Column 3)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

{Column 1}

{Column 2}

{Column 3}

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number:

OR

**OTHER THAN
SMALL ENTITY**

TOTAL

OR

**OTHER THAN
SMALL ENTITY**

TOTAL

1

RATE	ADDITIONAL
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TOTAL

1

RATE	ADDITIONAL
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TOTAL

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